

REQUEST FOR EXPEDITED PROCEEDING

STATE OF MAINE

WORKERS' COMPENSATION BOARD

27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

PURSUANT TO 90 MAR 351 CH. 1. §9, THIS REQUEST FOR EXPEDITED PROCEEDING (WCB-250) MUST BE ATTACHED TO THE FRONT OF THE APPROPRIATE PETITION AND SUPPORTING DOCUMENTS.

18. I REQUEST AN EXPEDITED PROCEEDING (CHOOSE ONE OF THE FOLLOWING):

☐ BASED ON A DISCONTINUANCE OR REDUCTION OF PAYMENTS PURSUANT TO 39-A M.R.S.A. §205(9)(E).

☐ BASED ON MATTERS INVOLVING MEDICAL CARE OR THE RIGHT TO BENEFITS FOR TOTAL INCAPACITY PURSUANT TO 39-A M.R.S.A. §315.

EXPLANATION:

SIGNATURE OF REQUESTING PARTY

DATE

NAME, ADDRESS, AND TELEPHONE OF ATTORNEY (IF ANY):

REPRESENTING (CHECK ONE):

☐ EMPLOYEE ☐ EMPLOYER

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
24 STONE ST, STE 102 AUGUSTA, ME 04330-5220 (207) 287-2308 1-800-400-6854	106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	62 ELM ST PORTLAND, ME 04101-3061 (207) 822-0840 1-800-400-6858

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or Maine Relay 711.
WCB-250 (eff. 1/1/13)